



## Community Access Program

### Replacement Card Application

**Please print**

**Name on Card:** \_\_\_\_\_

Approximate date of first application if known: \_\_\_\_\_

Replacement Fee of \$ 20.00:

Paid by: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Authorization Signature: \_\_\_\_\_

**NOTE:** A current colour photo **MUST** accompany this renewal form. Photos can be sent via email to [hr@westernfairdistrict.com](mailto:hr@westernfairdistrict.com)

If you have moved please fill new address:

\*Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

\*City: \_\_\_\_\_ \*Province: \_\_\_\_\_ \*Postal Code: \_\_\_\_\_